Page 2

I. Rule R647-4-104 - Operator(s), Surface and Mineral Owners

The Permittee / Operator must provide the name, address and telephone number of the individual or company who will be responsible for the proposed operation. Business entities listed as the Permittee / Operator, must include names and titles of the corporate officers on a separate attachment.

1. Mine Name:	on a s	separate attachment.
Mailing Address: The Law St. City, State, Zip: Fax: Fax: Fax: Fax: Type of Business: Corporation or limited Or: Individual () Entity must be registered (and maintain registration) with the State of Utah, Division of Corporations (DOC) www.commerce.utah.gov. Are you currently registered to do business in the State of Utah? Yes No Entity # If no, contact www.commerce.utah.gov to renew or apply. Local Business License # (if required) Issued by: County or City Registered Utah Agent (as identified with the Utah Department of Commerce) (if individual leave blank): Name: Address: City, State, Zip: Fax: Address: City, State, Zip: Fax: Approved 9. Permanent Address: Approvide as many contacts as necessary. Name: Am Brett Wilson Title: Discuss Mining Address: Title: Discuss Mining Phone: Fax: Title: Discuss Phone: Phone: Fax: Title: Discuss Phone: Phone: Phone: Title: Discuss Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Pho	1.	Mine Name: Cycurtsville
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E-mail Address: Type of Business: Corporation LLC () Sole Proprietorship (dba) () Partnership () General or limited Or: Individual () Entity must be registered (and maintain registration) with the State of Utah, Division of Corporations (DOC) www.commerce.utah.gov. Are you currently registered to do business in the State of Utah? Yes No Entity If no, contact www.commerce.utah.gov to renew or apply. Local Business License If If required lessued by: County or City Registered Utah Agent (as identified with the Utah Department of Commerce) (if individual leave blank): Name: Address: City, State, Zip: Phone: Fax: APPROVED 3. Permanent Address: Fax: APPROVED 4. Contact Person(s) Please provide as many contacts as necessary. Name: Lim Breat Wilson Title: Director Mining Capital, Address: 37.0 Hales State City, State, Zip: Fax: Sign 13.3-Sign Phone: Fax: Sign 13.3-Sign Phone: Fax: Sign 13.3-Sign Phone: Emergency, Weekend, or Holiday Phone: Emergency, Weekend, or Holiday Phone: Emergency, Weekend, or Holiday Phone: Emergency Weekend, or Holiday Phone: Email Address: Sign 13.3-Sign Phone: Email Address: Sign 15. Sign 15		Mailing Address: (5) (1)) Hollow Ct.
Partnership () General orlimited Or: Individual () Entity must be registered (and maintain registration) with the State of Utah, Division of Corporations (DOC) www.commerce.utah.gov. Are you currently registered to do business in the State of Utah? Yes No Entity # If no, contact www.commerce.utah.gov to renew or apply. Local Business License # (if required) Issued by: County or City Registered Utah Agent (as identified with the Utah Department of Commerce) (if individual leave blank): Name:		Phone: 4\7 732 - 8164 Fax:
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